

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09880834

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  | 15           |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 15 minus 20= | *            |
| INDEPENDENT CLAIMS  | 4 minus 3=   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

|           |        |
|-----------|--------|
| RATE      | FEE    |
| BASIC FEE | 710.00 |
| X\$18=    |        |
| X80=      |        |
| +270=     |        |
| TOTAL     | 710    |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |                                  |    |                                    |               |
|-------------|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | 14 | Minus                              | ** 20         |
|             | Independent   | *                                | 1  | Minus                              | *** 3         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |    |                                    |               |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

1 Blue

|             |   |                                  |    |                                    |               |
|-------------|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | 14 | Minus                              | ** 20         |
|             | Independent   | *                                | 1  | Minus                              | *** 3         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |    |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

|             |   |                                  |    |                                    |               |
|-------------|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | 14 | Minus                              | ** 20         |
|             | Independent   | *                                | 1  | Minus                              | *** 3         |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |    |                                    |               |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

|                  |                |
|------------------|----------------|
| RATE             | ADDITIONAL FEE |
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.